

Standards Implementation Workgroup Draft Transcript September 15, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Good morning or good afternoon to the Implementation Workgroup members. This is a Federal Advisory Committee, so the meeting is being conducted in public and there is an opportunity at the end of the meeting for the public to make comment. If you could just please remember to identify yourselves when speaking. We are making a transcript of this meeting, so it's always nice to have attribution and when you're not speaking, if you could please mute your phone line.

This call is a little bit different. We were planning on having an orientation for new members the first 15 or 20 minutes and then the rest of the members will dial in, so let me just run through the entire roster list to see who's on the call. Judy Murphy?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Liz Johnson?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Anne Castro? John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Diamond? I know Carol is coming in later. Kevin Hutchison?

Kevin Hutchinson – Prematics, Inc. – CEO

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Lisa McDermott?

Lisa McDermott – Cerner Corp. – Sr. Architect

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Wes Rishel? Cris Ross?

Cris Ross – LabHub – CIO

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair

Present.

Judy Sparrow – Office of the National Coordinator – Executive Director

Nancy Orvis? Micky Tripathi? Timothy Gutshall? Ken Tarkoff?

Ken Tarkoff – RelayHealth – VP & General Manager

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

I know he's here. Joe Heyman? Simon Cohn? Robert Anthony?

Robert Anthony – Centers for Medicare & Medicaid – Health Ins. Specialist

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

This is Judy Sparrow. Mara Choi, are you on yet? Did I leave anyone off? Okay. With that, I'll turn it over to Judy Murphy.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So, we're going to run through some slides here at the beginning just by way of orienting new members to our working group and specifically, this is what we're calling a revitalization of the Implementation Workgroup. We did a fair amount of work during the first half of the year, took a little bit of a hiatus in the summer; and now we are getting rejuvenated. As many of you know, because we had this conversation with you, we are taking the opportunity to invite folks onto the workgroup that are not on the HIT Standards Committee, but have been working in this space or working with people that are members of the HIT Standards Committee. In a few slides I'll be showing you kind of the committee's structure, if you will.

I like always to root everything related to this HITECH framework for meaningful use. Many of you, I'm sure, actually saw this in the article that David Blumenthal wrote and published shortly after the publication of the preliminary rules back on December 30, 2009. Again, I think it's a nice, harmonizing framework to really look at all of the different programs. There have been even some additional ones that are listed on this slide most recently, but I think it gives us a good background or backdrop in terms of the regional extension work, the workforce training work, the CMS incentives, which, of course, we spend a lot of our time talking about in the HIT Standards Committee, the state grants, the certification framework, the privacy and security framework. All of these things ultimately feed into the meaningful use of electronic health records.

Then, to root us just one step further to remind all of us we're not doing this because we think IT is cool, even though we might think IT is cool, even though we might think IT's cool. We are really doing this for the purposes of pushing an outcome agenda, which is healthcare reform. In this space, as identified on the slide, of improved individual and population health outcomes, increased transparency and efficiency and improved ability to study and improved care delivery. So just to remind us that although we get mired down often times in the definition of meaningful use and the measurements of meaningful use and the privacy and security regulations and the standards and interoperability framework, that really we are doing this so we push a healthcare reform agenda, if you will, through the use of electronic health records.

There have been, since May of 2009, two advisory committees to the ONC related to the American Recovery and Reinvestment Act and that is the HIT Policy Committee and the HIT Standards Committee. The specifics are outlined there in terms of who chairs them and the approximate number of members, as well as the charge, if you will. So, overall, the charge of Policy is to recommend the policies and regulations necessary for meaningful use and the Standards Committee is really to make additional recommendations regarding standards implementation specifications, reporting criteria for meaningful use and certification criteria for the exchange and use of health information.

Both of these committees have been meeting monthly since May of last year. Judy Sparrow always reminds us at the start of each meeting which meeting we're at. I believe we're on the 17th. Is that right, Judy, do you know?

Judy Sparrow – Office of the National Coordinator – Executive Director

That's right. You are. Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. So again, the group has been cohesing over the past 17 months. There have been a few movements on and off the committee, but generally speaking, the majority of the committee has remained fairly static.

The process itself that was outlined to us by ONC is described in this graphic on the slide right now. Basically, the HIT Policy Committee starts the process by setting the policies and making recommendations to the National Coordinator. The National Coordinator—obviously, Dr. David Blumenthal—turns around and passes things to the Standards Committee, who makes additional recommendations. Again, the scope is narrowed a bit because by the time it gets to us we're working on these implementation specifications standards. The meat on the bones, if you will, is what's been identified previously.

We then make recommendations back to the National Coordinator regarding the specificity of the areas in our purview. Those recommendations go to the Department of Health and Human Services Secretary, Kathleen Sebelius, who further then turns things over to CMS if appropriate, such as was the case, of course, with the meaningful use criteria.

Let me take a pause there and see if anybody has got any specific questions related to that. Another thing, by the way, that Judy Sparrow does very nice and somehow we get reminded at every meeting that we are an advisory committee and so nothing that we decide or recommend is binding. However, we are making recommendations, suggestions or providing feedback to ONC and, as I'm sure many of you know by watching this process, we have been very successful, both from the Policy standpoint and the Standards standpoint in having many, many, many of our recommendations be accepted and used in final definitions. So, a pause if you want to take yourself off mute; any questions?

Liz, any additional comments you'd like to make?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

No. I think that's a very good description of us we've been going through. I particularly appreciate the advisory piece of it, as well as the fact that I know that a lot of us who have put the hours in. Believe me, you will see as we go through this process these are not just individuals representing their ideas, but we're out soliciting from the communities that we represent so that we can bring together the ideas presented to ONC and they have acted very appropriately. So, like Judy, I'm very pleased with the response to our work.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So the HIT Standards Committee, just like the Policy Committee, has had workgroups and that's where a lot of the gory details are actually worked out and then brought back to the Standards Committee itself. So right now the Standards Committee has five workgroups: Clinical Operations; Clinical Quality; Privacy and Security; Implementation; and Vocabulary Task Force. This is a dynamic list. Groups are added and retired, if you will, as the needs of the to-dos on our list are expanded or contracted.

As I mentioned, the Implementation Group has really been in existence since fall of last year, 2009. As you'll see in a few slides, we did have two Implementation Workgroup hearings where we did hear public comment on particular topics and we're going to take the opportunity to share that information with you. Otherwise, we've been having monthly; at times more frequent than that if we were actually planning a hearing; conference calls. So that's kind of what you're signed up for here is to work in the background with us to make recommendations and to provide feedback and/or ideas in an advisory capacity to the

Standards Committee, who would, in turn, make the recommendations to the Office of the National Coordinator.

The first hearing that we had was last October. What you see displayed on your screen right now, and I believe these slides have been sent out to you so that if you wanted to take more opportunity to digest that and I will show you in a few minutes where all of the background information on these items is actually out on the Web site. But from the first set of hearings, which were Implementation/Adoption Experiences, and we had probably about 20 people provide testimony to us as to what they were seeing were issues as they were adopting technology and we did everything from the very, very small, one-physician, rural practice right up on through the large, integrated delivery, multi-hospital organization.

What we did with that testimony, although that's all publicly available, we distilled it down to what we called the Top Ten Recommendations. The first five are listed on this slide and then the next five are on the following slide. I think, as you can see, we tried to really distill down the many, many different things that we heard, but it was all around, -Keeping it simple. Don't let perfect be the enemy of good enough. Keep the costs low. Design for the little guy. Do not try to create a one-size-fits-all strategy. Separate content and transmission standards. Create publicly available vocabularies and code sets. Leverage the Web. Position quality measures so that they motivate standards adoption and support implementers." So again, these were recommendations that, as we think about folks' ability to adopt electronic health records and achieve meaningful use, that the criteria should keep in mind. This, again, was used to inform the folks that were doing that work.

We had a couple of other next steps that are identified in this slide and this was a summation from Dr. Halamka when he heard all of the testimony, as well as our top ten steps. These were the suggestions that he had. -We need to work hard on vocabularies and get them open sourced. We need to consider adding a simple REST-based transport method for point-to-point exchanges." By the way, that was some of the fodder of the initial NHIN Direct thoughts and kind of spawning that. -Worked jointly with the HIT Policy Committee to establish a privacy framework that enables us to constrain the number of security standards," in other words, don't make that too difficult. -Try to use the simplest, fewest standards to meet the need and continue to gather feedback on the 2011 exchange criteria."

Last but not least, just to draw attention, we invited comments on these and Cris Ross actually led up the charge on this to have sort of a structured blob, if you will, where we would vet some of these thoughts and some of these comments and be able to get input from a group beyond, if you will, those folks that were actually able to testify at the hearing. Then there were some tributaries, if you will, of the river that was created on the Federal Advisory Committee Blog and those are listed here too, so if you wanted to track back in time and look at some of those things that were back in October and November on these blogs we have listed those sites as well.

Cris, since you're on, I don't know if you would like to make any comments about the blog process that we went through last year.

Cris Ross – LabHub – CIO

No. I think you summarized it. We had lots of activity, which was good.

Judy Murphy – Aurora Healthcare – Vice President of Applications

The reason I take a pause here and actually asked Cris for comments—and we'll be using his expertise on this area going forward—is I do think it is still a technique that is somewhat underutilized. So when we get to the actual committee member part I'm thinking we may want to talk again about how we can use the blogs to really understand people's implementation experiences and where they are stumbling, if you will, in some of these spaces going forward in trying to achieve meaningful use, specifically those folks who are going after it in 2011, so that we can add our implementation guidance and really help folks get farther down the path.

I know some of the comments that I've been hearing already are things like, -Gee, it's really hard to harmonize the ONC specifications with the CMS specifications in these two different documents that you

have to be balancing.” Then, of course, now you’ve got the NIST test scenarios, if you will, that add an additional layer of detail onto the standards specification, so we’ll be talking about that, but in my own mind I really think a better utilization of this blog technology might be worth the effort.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I think another thing, Judy, is that what we had in the past and I think what you’re alluding to is that this is really a tremendous adjunct to the hearings, because we can’t have hearings every week, but this is a way to really keep us kind of in a real-time interaction with our public to find out what they’re thinking about. I think we’ve seen that in the past and it’s kind of slowed down, but I think that we’re encouraging that we pick it back up.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Good point. Cris, this was actually the slide that you used when you gave the summary of the committee meeting. I had actually forgotten that I kept this in here so, again, I don’t know if you have any additional comments now that you have this trigger reminder.

Cris Ross – LabHub – CIO

Well, it’s interesting because I think the public comment really matched and directed us where to go. It was congruent with thinking of people on the Workgroup I believe. So it was helpful to get that information at that time. It feels like, as we look at the challenges ahead, that we’re going to have a lot of organizations that are trying to implement, so turning the blog into a mechanism to get feedback and call for help and all of the rest might be interesting.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Good point. Then we held a second hearing in March and Liz actually was the coordinator of that hearing, so I’m going to let her go through the next few slides, kind of summarizing their top findings.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

What we’ve obviously done is sort of a chronological revealing of what the work was and this seemed like, to us, to be the most natural next step in the process in that we were saying, “We’ve set up some guidelines. We’ve gotten a blog and gotten some information from our public on what they’re struggling with. Let’s get them in and really find out what they need.” So we had a hearing on March 8th and what we did was we brought in four panels, a variety of people, both from the public and private sector. We talked with a group of CIOs and their vendors to really find out what are you thinking, what are you wanting from us. I think this is a natural evolution into what Judy and I are now going to be doing with this whole team in terms of putting together an Implementation Workgroup that sort of launches off these concepts.

The first thing that really became clear as we listened to many hours of testimony is that they wanted clear interoperability standards. Like Judy, we provided you some of the questions so that you can get a better foundation to understand where that focus came from.

The second thing was, and this is, I think, where we’re going to be very significantly focused is they want resources. They want to know where the resources are, what tools are available, how can we get that assistance in a very real and findable way. What we have found is there is much information and many tools out there, but our ability to access them in an easy, intuitive way has not been established yet.

Then finally, and this is somewhat dated, but I think it’s just going to continue on with two and three as we go to stage two and three of meaningful use, they really want clarification around requirements. Judy just alluded to there are several sets that are sitting out there that we are trying to integrate together and we do find conflict or at least the potential for conflict between regulations and then we get often asked, as a Standards Committee member, where do I go and what should I be doing. I think that will be part of our charge going forward.

If we go to the next slide, I think really we took those sorts of fines from our hearings and we asked the Standards Committee, “Remember going back to sort of what do you ask for and from the advisory

perspective,” we wanted to provide greater transparency to the federal resources. Here is where we really get into how we want it done. We want it cataloged, cross referenced and easy. I think that goes all of the way back to our guiding principles for the whole project, but it really said, —these tools and toolkits and guides are out there, how do we get them? How do we find them? If we have a specific question can I write an Ask.com type of question and find it? Judy is going to go over the Web site with you, but I think that is sort of where we want to be leading to.

I think we need to continue to provide clarity and we asked the IT Standards Committee to give us clarity and interpretation. As we move forward we’re into the 2011 meaningful use, but we know that 2013 and 2015 are coming up and certainly, we have established our frequently asked questions that can always be added to.

We want understandable and simple, again, back to the concept of being simple interoperability standards. At the time, and although this has been somewhat moved away from, we had talked about the potential of doing forums where we could continue to exchange ideas and look for innovations. Although we may, I think we’re going to build on that concept; we really have seen through the Implementation Workgroup a consistent desire to look to innovation, to not put people in square boxes, but to say, —@n we think of a simpler, faster, better way to do it?” I think that that will be a principle that we’ll see as we go forward with this Workgroup.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Let me take a pause there. Any questions from the group in terms of the two hearings that we held and the summary? Okay.

Then the next thing I wanted to do is just draw everybody’s attention to the lovely, redesigned Health IT and I know if those of you go here every day, but about a week ago the new design popped up with the new star logo. This is where I would like to be able to take control of the video and actually go to my desktop. Is that possible, Allison?

Allison

Yes. What you can do is if you make sure that you have all other applications closed. Do you see that button that says Share, below the slide presentation?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes.

Allison

Click My Computer Screen.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I’m just closing my other applications just in case there’s some issue there.

Allison

And have whatever you want to show already open.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Okay. All right. I will quick do that.

Allison

Okay.

Judy Murphy – Aurora Healthcare – Vice President of Applications

It will only take me a second you guys. I know many, many, many of you probably are very familiar with this Web site, but I just wanted to take a few seconds to draw attention to where all of the information actually specifically is about the committees so that you would have it in front of you. I’m just getting to

that. I should have done this first, obviously. Okay. So I go to Share and I pick My Computer Screen, right?

Allison

Then you click My Desktop. Wait. You're in the wrong one. You're going to want to do it right below the slide presentation.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I'm sorry. Okay.

Allison

No problem.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I see. Okay. My Computer Screen. Got it.

Allison

And then My Desktop.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Okay. And hit Share?

Allison

Yes. You're not going to see the Web meeting anymore. We see exactly what you see right now. We see the HIT Web site.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Okay. Yes. We're there. Everybody see it? Great. Perfect. So then down the left-hand side you see Federal Advisory Committees and that is what you would click to find out information about the Federal Advisory Committees. So when you click that the first thing that happens is you get the calendar of all of the upcoming meetings and you can see that the Standards meetings are highlighted in blue and the Policy Committee meetings are in yellow. Those are anything related to those two groups. So it may be a workgroup meeting or it may be the actual committee meeting.

Then you'll also notice and I know if I scroll down I get to additional months, October, November. You can see all of that stuff and you can also see some of the current and past FACA committee information.

Then if you wanted to drill down on the actual subcommittees of Health IT Standards you would select the Standards one. Here you see any upcoming meetings for the Standards Committee meeting itself. If I click on that I can look at upcoming or I can look at past and we're just going to go to Past for the moment, because past is going to show you our last August meeting and here are all of the documents that were used at the August meeting. There is, additionally, meeting audio.

Now, I believe eventually, Judy Sparrow, there is a transcript out here too.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. That's right.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Like here is the June one. You can see the transcript is out there. Now, this is true not just for Standards; we happen to be in Standards. It's also true for Policy. So if at any time something happened at either a Policy or Standards meeting that you're interested in you can go back and see the slides and hear the audio from that actual meeting.

Again, if I go back then to Meetings you can see the upcoming ones. Here you can see that the next Standards Committee meeting is September 21st. Eventually; I see it's not out there yet; I know Judy just

distributed today to the members; the agenda will be out there. The slides will be out there and the actual dial-in information will also be out there.

Judy, do you want to add anything to this?

Judy Sparrow – Office of the National Coordinator – Executive Director

No. I think you're doing a terrific job. Thank you.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So it's definitely a way that you can keep up to date on everything that's going on. Now, if you want to drill down to the Implementation Group—and I have a sense that this might not yet be updated, and it's not—eventually this will get updated as well so that your names, if they're not out here right now, will be out here. You can see the Past Chair, now Ex-Officio Chair, Aneesh Chopra, is still listed. Again, this is a brand new thing Liz Johnson and myself are actually taking over. But if you wanted to go back, again, to Past Meetings you'd be able to get at that information through this process.

Here is where many of the information that I already just showed would actually be available. You can see the March hearing information is all listed here. We do ask people who participate in hearings to submit written testimony and so if I clicked on any of these I would actually see the written testimony that was submitted from each individual.

That's pretty much what I wanted to show you.

Judy Sparrow – Office of the National Coordinator – Executive Director

You might show them the blog—

Judy Murphy – Aurora Healthcare – Vice President of Applications

Good point. Okay. So, two things I'll draw attention to, the Health IT Buzz Blog on the left and the Federal Advisory Committee Blog, which is the one I addressed a minute ago.

Then I also want to draw your attention, actually, on the right-hand side of the screen where I have my cursor hovering right now, the Health IT Journey, where people can post Stories from the Road. I have to tell you we have not been getting as much participation there as I personally would have liked to have seen. So in addition to talking about better utilization of the blog I think one of the things that we might do through the Implementation Committee is try to get some additional Stories from the Road, if you will, posted on the Health IT Journey. In this one you can actually post PowerPoint slides and documents. In fact, I'll just go ahead and click on that one and then I'll go back to the blog and that will pretty much be the end of our orientation.

Here you can see there are quite a number of postings where folks are talking about their experiences. In some cases it's a document that's been created specifically for posting on this Stories from the Road. In other cases it is articles that people have published in other venues, like a magazine article that they might have written for a periodical or a presentation that they might have done for a conference.

So then if I go back over to the Federal Advisory Committee Blog, again, here's the Call to Get Involved. Right now the push is for participation specifically related to the Enrollment Group. Sam Karp and Aneesh are soliciting comments related to some of the ideas that they've got out there rolling around related to the enrollment, but these are structured against the HIT Policy Committee, HIT Standards Committee. Sometimes the comments are specifically related to things that have happened, like a hearing or a meeting and then the thread goes out, if you will, on that particular topic area.

Anything more, Judy, on that or the mechanics of the blog? It is a structured blog, so you can see it's got structure to it. It's not just make comments.

Judy Sparrow – Office of the National Coordinator – Executive Director

Right. No. I think that's very good.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Cris, I know you, again, have been involved in the blog. Anything else you want to say?

Cris Ross – LabHub – CIO

I don't think so. I think you did a great job.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Okay. I'm going to take you back to the slides. I don't want to do anything wrong, so I'll see the man behind the curtain.

Allison

There you go. Just like the Wizard of Oz, here we are.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I didn't even touch the keyboard just for those of you who are wondering why I'm in awe here.

The only other thing we wanted to do is go over a couple of the handouts that we did attach to the reminder of the meeting. You've got a list of the committee members and of the Workgroup members. Judy Sparrow also sent out a document called ONC and the FACAs. Anything you want to call out there in terms of— Well, you better tell them what FACA means.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, I think just briefly. FACA is the Federal Advisory Committee Act and it's a statute, so it's sort of the underpinning for everything that we do. In a nutshell, we operate in the public. So you are really operating in a fishbowl, as I said there. We have to distribute a Federal Register notice so the public knows when and where and what time and any of the agendas that we have for these meetings. We were actually the first Federal Advisory Committee to use a blog, so that was quite exciting. I thought when I mentioned it, broached it to the FACA people they might not agree with it, but they loved it, so it's been a great idea and it's a wonderful way to get the public more involved in what this Workgroup and these committees are doing.

I think the other issue to kind of underscore is the fact that you're advisory in nature. In other words, you are the experts. We form these workgroups and committees with stakeholder people involved. We want to make sure we have enough stakeholders that we cover the waterfront, so to speak, with the type of people that participate in the workgroups and the committees. We very much appreciate and rely on the advice that you give us and it's taken, obviously, very seriously and, as Judy said, the large portion of the advice that we've received have indeed been part of the recommendations and rules that the department has implemented. So those are the real things to keep in mind. You are advisory. We are operating in public. I think that's about what I could say as far as FACA goes.

Judy Murphy – Aurora Healthcare – Vice President of Applications

There will be invites put out there, just like there was for these first few meetings. I think we have the meetings set up through the end of the year, Judy, if I remember correctly.

Judy Sparrow – Office of the National Coordinator – Executive Director

That's right.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. The URL is always in the invite itself, as well as the call-in information, but Judy Sparrow is our home base, so if you ever, ever, ever have any questions or issues or anything like that, she is definitely the one that you would contact to ask a particular question, like, "Judy, I'm not sure. Is this meeting at 1:00 or 2:00?" Or if there's a question about the agenda or anything like that. You can certainly feel free to contact myself or Liz as well, but in terms of the mechanics of all of this, Judy Sparrow is really the leader on that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I would also say, yes, she definitely is a tremendous resource to us. I also think though that if we talk about the meetings what I have found in dealing with the advisory groups, the rules, both with the Standards Committee and with the different Workgroups that we've been in, is that the membership should be encouraged and each one of you who join with us on this Workgroup to offer your ideas and be very candid with us. I don't think that I found it to be—and I don't think Judy Murphy has as well, inhibiting in any way. I mean the meetings are very much a place where we come and we talk about the issues we're dealing with. We come up with resolutions and we go back, particularly with the Workgroup, and ask the Standards Committee, so we encourage you to do that as we move forward into this new adventure.

Judy Sparrow – Office of the National Coordinator – Executive Director

Shall we see if any of the other members have joined? I know Anne Castro has.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes, let's go ahead and do that. In fact, I'm feeling the need to do a second roll call if you don't mind, Judy, because I think that way anybody who just joined will also know who was on the call starting at the top of the hour.

Judy Sparrow – Office of the National Coordinator – Executive Director

So Judy Murphy and Liz Johnson are on. Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

John Derr?

John Derr – Golden Living LLC – Chief Technology Strategic Officer

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Diamond?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Kevin Hutchinson?

Kevin Hutchinson – Prematics, Inc. – CEO

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Lisa McDermott?

Lisa McDermott – Cerner Corp. – Sr. Architect

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Wes Rishel? Wes, are you on? Cris Ross?

Cris Ross – LabHub – CIO

Still here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Nancy Orvis? Micky Tripathi? Timothy Gutshall? Ken Tarkoff?

Ken Tarkoff – RelayHealth – VP & General Manager

I'm here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Joe Heyman? Simon Cohn? Robert Anthony?

Robert Anthony – Centers for Medicare & Medicaid – Health Ins. Specialist

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Back to you, Judy.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So welcome, again, to the new members. Actually, quite a number of the new members were able to join us and I guess I'd also like to welcome back, since we haven't met in a couple of months, to our "old" members. I didn't know that we'd have to call you that, but I guess that is the case. Here is the list. Again, it was in the slides, but you each also received that in a Word document in case you want to store that. Then the new members are actually listed here.

I know this one came up a little bit quicker. Now you've got them on your calendar for the next three months so, hopefully, people will be able to work around that in terms of their individual calendars.

So in terms of our broad charge, just to bring everybody back, what we talked about the broad charge being as we were rejuvenating ourselves here, if you will, was to bring forward the real world implementation experience into the HIT Standards Committee recommendations with special emphasis on strategies to accelerate the adoption of the proposed standards or mitigate barriers, if any. Any questions, thoughts or comments on that from either Liz or any of the committee members, old or new, in terms of is that clear and does that make sense?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I would, just like Judy, encourage you— as Judy and I began to sort of formulate from the work that we've seen done we tried to, obviously, simulate a very simple charge, but this is your opportunity to add to the direction of this committee, so we encourage you to add to or ratify what we have put forward.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Maybe what we'll do is revisit this after we have our conversation and brainstorming today, which may or may not take the full remainder of the time that we've actually got allotted for this meeting. As you probably noticed and it's listed on the slide here, future meetings will be probably about 90 minutes, but almost always we end early. We try to really respect people's time and never run over, so in doing that we try to set the 90-minute-time frame with the idea that we're going to really try to wrap in an hour and 10 or an hour and 15 or something like that rather than impinge on folks' time and run over.

So our next three meetings there are listed. We are going to try to stick to the first Thursday of the month from 2:00 to 3:30 Eastern Time; however, after we have these first couple of meetings we will probably ask the group if that is acceptable and a good time for most going forward into next year.

So now is the time that we actually thought we would spend some moments letting you guys talk, so this is the time you have to remember to take your phones off mute. The idea here is to really start thinking

about that broad charge and to vet out some ideas specifically related to where we want to take the Implementation Group. Just to give you a little bit of framework here, we thought we might challenge you to think about these three questions, but these are not the only three questions, okay?

The first is where are you in the stage one implementation process? If you do participate in an organization or with a vendor, who is working on the stage one criteria and either getting certified as a vendor or achieving the meaningful use criteria, how are you doing in that process?

Then overall, and this would be for everybody, what do you think are the key challenges? Then how do you think this committee can best help?

I think we already set the framework that we're advisory, but within that we can certainly do a couple of things. We can, first of all, give feedback on what's gone before. So if there are things that are unclear in the regulations that have already come out or the misuse cases or anything where we're providing feedback on what has already happened that's one giant area.

A second giant area is giving guidance going forward. So knowing what went behind, what more do we think is needed, so what suggestions would we have for kind of a going forward or adding some additional information?

By that way of framework, why don't I just open it up for discussion and know that if you don't speak you will be called on in the tradition of Aneesh Chopra, who did an excellent job of doing that for those of you who were on the committee before. Everybody talked on every call, so that's the intention here as well is if you could really think about what your experience has been and what your thoughts are related to these questions or these topic areas it would be particularly helpful.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

The other thing that you could do for us is as you answer the question if you'll also introduce yourself and what your organization is doing related to this that will help the other committee members know where your position in this environment might be.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So, Liz, should we go around and do that first? Maybe that would make sense.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It might. Why don't we do that?

Judy Murphy – Aurora Healthcare – Vice President of Applications

I hate to absolutely "call on" people, but why don't we do that and just, if you don't mind, I'm going to go alphabetical by last name of the people who are on the call, which puts Rob Anthony first. Rob, if you could just talk about who you are, where you come from and what you're doing in this space and we'll just not answer the questions until we kind of go around and do the overall introductions to that next level of detail.

Robert Anthony – Centers for Medicare & Medicaid – Health Ins. Specialist

My name is Rob Anthony. I'm with the Office of eHealth Standards and Services with the Centers for Medicare and Medicaid Services. We are the folks who brought you the final rule about the EHR Incentive Program, so I am coordinating here some of the details about how we roll out educational materials to people specifically about this program.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Lisa Carnahan?

Lisa Carnahan – National Institute of Standards Technology – Chair

I'm Lisa Carnahan from the National Institute of Standards and Technology. We're part of the Department of Commerce. We have, I guess, two roles here. Directly related to meaningful use is that

we are the folks who developed the test procedures, the test methods that will be used by authorized testing/certification bodies that ONC authorizes for the certification program, so when products go in for testing for certification they are using our test methods. We're not doing the testing, but they're using the test methods.

Then the other role that NIST plays, which is a very traditional role, is working with the industry community and the standards development organizations on the development of a lot of those underlying standards that either are in the standards criteria now or certainly some of the ones that will probably be used going forward.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Is everybody familiar with NIST? I mean do you need any other background information related to NIST? Because they're a more technical organization than you might think. Anybody want a little bit more?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I think one of the things too is one of the reasons that Lisa will be critical to this group is her knowledge of what is going to be required. I think it will be a tremendous asset. Lisa, I don't know. Like Judy, I'm not sure many people on the committee would be very familiar or not—

Judy Murphy – Aurora Healthcare – Vice President of Applications

I was not until I was on the Standards Committee. That's why I'm asking the question.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes. It is a very fair question. NIST is part of the Department of Commerce. Our goal in life, we live to help and promote U.S. industry in being competitive, so if you think about the need for standards and step out of the health IT space and into things just like length, time, weight, we start there. We do a lot of standards materials, anything that really is used for commerce purposes, not commerce department, but for marketplace purposes that you know the gallon is a gallon because it's traceable back to NIST.

In the health IT space and in other industry domains where there is interoperability needs NIST brings a lot of expertise in standards and technology in trying to help the industry develop its standards. We don't develop them. We're not regulatory, but work with industry to develop its standards, develop test techniques that it can use to help get to correctness faster is one of our big goals in life as well. So in the health IT space we work with the standards communities to try to get the standards more correct, whatever that means, faster, provide test materials, reference and limitations, things that can help the industry achieve correctness, achieve interoperability, achieve that ultimate goal faster.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So how they've been specifically helping the meaningful use criteria and the standards therein as well as the certification is the standards certification definitions, if you will, are on paper and what NIST does is they take it off of the paper and they actually turn it into something that people would be using to test whether or not they should meet the certification. So what happens, of course, is that the devil is in the details and they are the ones who really end up putting the skin on the meat that's on the bones, if you will, because they're the first people to identify the correctness, completeness, thoroughness of what was on the paper and then what's not there. Then they try to say in order for this to really work we're going to have to look at X and Y and Z, if that makes sense.

Lisa Carnahan – National Institute of Standards Technology – Chair

It does to me.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Of course. By the way, when are we converting from English to Metric? I'm just kidding.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes. I don't know that that was one of our big winners. We're not really going there this time.

Judy Murphy – Aurora Healthcare – Vice President of Applications

That was really helpful, because I think folks might actually think you like live and breathe health IT and you personally I think do, but you live in a really big area that does all sorts of different kinds of standards setting.

Lisa Carnahan – National Institute of Standards Technology – Chair

Absolutely.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Anne Castro?

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I'm Anne Castro and I'm with BlueCross and BlueShield of South Carolina. I am just a workgroup groupie. I don't really have a whole lot going on with meaningful use, as payers don't really have a big interface in there. However, I'm working very closely with our health information exchange in South Carolina and our regional extension centers and making sure that there is an information connection to them if they run into any issues. So I like to point people to the resources. That's my major interest on this Workgroup.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I think another comment that we could make about Anne, having worked with her for 17 months, she has an uncanny ability to cut through some of the rhetoric and ask very, very challenging and informative questions, so we welcome you to our group.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Well, thank you very much. I hope I don't get in trouble.

Judy Murphy – Aurora Healthcare – Vice President of Applications

No. No. No. That's Wes. Wes gets in trouble. You never get in trouble. So both Lisa, by the way, and Anne are members of the HIT Standards Committee. The next, John Derr, is also, I think, a workgroup junkie and he's also a member of Standards.

John Derr – Golden Living LLC – Chief Technology Strategic Officer

My name is John Derr. I work for Golden Living, which is one of the largest long-term and post-acute-care companies. I basically represent the long-term and post-acute-care providers and vendors, which are the nursing homes and the assisted living, home care, hospice, LTACHs, ERFs and therapy and senior pharmacy. As you all know, we're not really in stage one, but we're not waiting to be included because we realize the value of connectivity and interoperability between the hospitals and doctor's offices to these LT/LTACH providers and we hope to be in stage two.

We have a roadmap of 2010 to 2012, an HIT roadmap where we are harmonized with the Standards and Policy Committee. We already have CCHIT criteria for the electronic health record for the SNFs or skilled nursing facilities and home care that was released in July.

I'm working with NQF on two different committees to harmonize the quality measures. We're also working with CMS and AMDA, which is the Medical Directors Association, to make sure that the medical directors for LT/LTACH providers are possibly and we hope would be eligible physicians, even though they have practices in multiple sites and be able to give some incentives and be able to give connectivity to LT/LTACH providers.

Also, our company is in the HIE in Indiana and we're working on Minnesota and Massachusetts and other LT/LTACH providers. We're working on other HIEs and we're also working with Jim Walker and that on Beacon Homes and hopefully with Chris Chute in Minneapolis or with Mayo on Beacon Homes. So we're fighting in there.

My goal and my objective on the committees is just to sort of keep, as Judy and Liz know, reminding you that there is this third sector besides ambulatory and acute and that most of the things that are geared a little bit to episodic medicine when we're really the ones that take care of longitudinal care at all ages, not just seniors. So we're in there with everybody. There are some experiences that we have already that we'll put up on the blogs and keep you all informed.

Judy Murphy – Aurora Healthcare – Vice President of Applications

John is very, very, very passionate, needless to say, about this patient centric concept and making sure that the birth-to-death concept and that we're accounting for all of the continuous care. Carol Diamond?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

This is Carol Diamond. I'm with Markle, which is a private foundation in New York. We work in the public interest on improving health with health IT. I run a large public/private collaborative called Connecting For Health and we've been very, very active on meaningful use with our collaborative, trying to find constructive recommendations and comments on how to navigate meaningful use and stage it and do it in a way that protects privacy and security and supports innovation. All of our documents are public and they're all on the Connecting for Health Web site, which is just ConnectingForHealth.org.

We have been extremely active up until now on meaningful use and are now turning our attention to both, some of the implementation issues, the ongoing privacy and security issues, some of the state issues. We've had a lot of states either contact us or we've found them because they've referenced a large body of technical and policy work that we've developed called the common framework, basically looking for some guidance on both, policy and technical issues, so we're turning our attention to how and whether we can update that framework for states to use more effectively.

We've also been very active on thinking about how consumers benefit more directly from the HITECH investment. Just about a week ago we did a little press release on a paper that we published on consumers' ability to download their health information or blue button, as we call it. So we've been very active in all of these areas and it's been a pleasure to serve on the Standards Committee.

Judy Murphy – Aurora Healthcare – Vice President of Applications

She is a member of the Standards Committee and, Carol, you're on a few of the workgroups for Policy as well. Do you want to talk just briefly about that?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. I hope I can remember them all. I'm on the Tiger Team for Privacy and Security, the Governance Workgroup—I'm using shorthand here—the Quality Workgroup. I don't know what their formal name is, Judy. Maybe—

Judy Murphy – Aurora Healthcare – Vice President of Applications

That's close enough.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. The Quality Workgroup. I hope I'm not forgetting any.

Judy Murphy – Aurora Healthcare – Vice President of Applications

That's close enough.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

HIN Workgroup.

Judy Murphy – Aurora Healthcare – Vice President of Applications

One more.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes

Judy Murphy – Aurora Healthcare – Vice President of Applications

So I think the quality measure one and the governance one are new workgroups, correct, that have just been formed within the last month or so?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. That's true. The Privacy and Security Tiger Team is also relatively new. It's only been a couple of months.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So again, just to kind of throw that out to the rest of the workgroup, one way to stay up with what's all going on is to visit the Web site, as we showed earlier on the call and to really look at the workgroups and the workgroup activities. If you can't look at that gory detail, most of the workgroups do give reports at the Policy meeting or at the Standards meeting, so if you looked at least at those that would be a helpful way to stay apprised of what's going on.

I believed Timothy Gutshall and Joseph Heyman are not on the call?

Joseph Heyman – AMA – Board Chairman

Joe is on the call. I just got on the call.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Super. You've got the gist of what we're doing.

Joseph Heyman – AMA – Board Chairman

It sounds like you're going around and introducing each other.

Judy Murphy – Aurora Healthcare – Vice President of Applications

That's correct. Actually, introducing yourself, so I'm not going to make you introduce me.

Joseph Heyman – AMA – Board Chairman

Well, I'm Joe Heyman and consistent with my attention deficit disorder, I got on the call late because I had the three-hour time change backwards and thought I was going to be on the call at 3:00. It's 9:00 on the West Coast and I'm not used to that. So anyway, here I am.

I am the Founder of the Whittier IPA, which is an entity up in the northern part of Massachusetts on the coast that was fortunate enough to receive one of the grants from the Massachusetts eHealth Collaborative and so most of my community is involved in and are actually pretty much genuine meaningful users of health IT. I don't know that they all meet the current definition of meaningful use, but they've certainly been meaningfully using it for the most part for the last couple of years.

I'm a physician in private practice, in solo practice in gynecology. I also just finished an eight-year term on the Board of Trustees of the American Medical Association, where I served as chair a couple of years ago. That's me.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Thank you very much.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Welcome. Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications

And you're using electronic health records in your practice?

Joseph Heyman – AMA – Board Chairman

Yes. I've been using one since 2001, so I'm one of those early adapters.

Judy Murphy – Aurora Healthcare – Vice President of Applications

God, what was out there then?

Joseph Heyman – AMA – Board Chairman

A wonderful health record that I'm still using. Fortunately, it is not only ... certified, but it's also one of the most popular ones.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Kevin?

Kevin Hutchinson – Prematics, Inc. – CEO

I'm Kevin Hutchinson and by way of background, I'm probably most well known for being a health IT junkie. I've been at this for a while and will keep at it until we get it right. We're making wonderful progress.

By way of background, I've been in the technology industry my entire career. I started out at IBM and Oracle and was a Chief Operating Officer of a company called MedicalLogic/Medscape, which is both an EMR and a physician portal, now owned by GE and also WebMD on the physician portal side. I was the Founding CEO of Surescripts, a network for electronic prescribing and connecting the pharmacies and the PDMs together.

Now I've taken on the task of a company called Prematics, which is focused on small to medium-sized physicians. What we've been able to do is build out a workflow tool using the momentum we've built in the industry for e-prescribing and add to that the ability for care communications where health plans can actually work in partnership with physicians to communicate with them around disease management, care management, care coordination using payer data and exchanging information between those physicians and supporting this movement towards pay for performance and other things like that. So we've made great progress in that area and rolled out in a variety of different states across the country with entities like Availity and Humana and others that are sponsors of the organization.

I sit on the Board of TransforMED, which is owned by the American Academy of Family Physicians, which focuses on the medical home and trying to transition the small primary care practices into the medical home structure. I was also on the original AHIC in the previous administration and also sit on the HIT Standards Committee. So I think my role on the committee is to kind of bring both, the past and present experiences to bear as we've tried to implement various different types of technologies and information exchange across the industry.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I didn't even know some of that history. That was cool. Lisa McDermott?

Lisa McDermott – Cerner Corp. – Sr. Architect

This is Lisa McDermott. I'm with Cerner Corporation. Cerner has been in the industry for 30-plus years focused on healthcare information technology and services. I have responsibility for our consulting and implementation groups, but very specifically, one of the groups or practices that aligns and have been managing is our meaningful use and regulatory compliance practice, so we've been working.

I think what I'll bring to the team is working directly with our clients and focusing on making sure they have strategies to educate, implement, measure and adopt. I think that's why we transitioned Dr. McCallie from the group to myself in making sure that we're bringing that real-world experience as it relates to what's going on out there in the field. Thank you for letting me participate today.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Nancy Orvis or Wes, have you joined? Okay. Cris Ross?

Cris Ross – LabHub – CIO

So this is Cris Ross. I'm a member of the Standards Committee. I've also been a member of a couple of the Policy Workgroups on Strategic Planning and on Enrollment that just completed its work. I chaired one of the Tiger Teams there and have been on the Implementation Workgroup since it got started.

I joined the Standards Committee when I was with MinuteClinic, where I was responsible for technology and product development and call centers and some other things, where I was more of a consumer of meaningful use technology. We ran an EMR that was in pretty broad use and we did a lot with PHRs and other kinds of things trying to push that forward.

Several months I have been asked to start a new venture, which is co-sponsored by Surescripts and LabCorp to attempt to bring the Surescripts e-prescribing, neutrality, openness model around transmitting script into the lab space and so I have a pretty deep interest in what's in some of the future goals around the 2011 goals around prescribing and around laboratories. I spend probably most of my time on the lab venture, but also am partially an employee of Surescripts and pay attention to what's going on in that space as well. That's what I'm up to.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Ken Tarkoff?

Ken Tarkoff – RelayHealth – VP & General Manager

This is Ken Tarkoff. I'm the GM of Clinical Solutions at RelayHealth. RelayHealth is a technology solution provider that provides solutions for financial, clinical and administrative connectivity. Specifically and relevant for this workgroup and my focus in the clinical solutions space is we are a health information exchange solution provider. We also offer electronic health records solutions and PHRs to consumers in the marketplace. We appreciate the invitation to join the group and am very interested in sharing our customers' experiences in addressing meaningful use and connectivity and the consumer participation in that connectivity as well.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Did I miss anybody? Has anybody joined since we started?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Yes. Hello. This is Micky Tripathi.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Good. Hello, Micky. So you probably get what we're doing. Do you mind doing an introduction?

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

No, not at all. Hello, everyone. I'm Micky Tripathi. I'm with the Massachusetts eHealth Collaborative. We're a non-profit based in Massachusetts founded in 2004 where we did the pilot projects in electronic health record, health information exchange and quality data warehouse implementation that Joe Heyman referred to earlier. Since then we've implemented over 1,000 physicians now on electronic health records in Massachusetts, New York state and California. We are involved in a number of regional extension centers, primarily with the New York eHealth Collaborative Regional Extension Center in upstate New York, as well as the Massachusetts one and the Rhode Island one.

We also have a quality data warehouse that we now aggregate clinical quality data, first from the pilot projects communities that we implemented at the inception of the organization, but now sort of as a PQRI registry, for example, for the CMS PQRI program and for patient centered, medical home projects in New York state.

I'm also on the Policy Committee side. I'm the chair of the Information Exchange Workgroup and I'm also on the Meaningful Use Workgroup and the Privacy and Security Tiger Team and I think I'm on the Certification Adoption Workgroup as well but, like Carol Diamond, I can't remember.

Judy Murphy – Aurora Healthcare – Vice President of Applications

You're a junkie as well though. So hopefully we can create some pollination here too understanding, for those of you who are on multiple groups, what the charge of this group is, we may just take something off the plate of one of those other groups if it seems more appropriate for our group to be dealing with it, so we can certainly do some cross pollination in that way if it makes sense for us to turf something or for somebody to turf something else to us. That would make a lot of sense and we can use some of our other committee members to do that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Judy, you and I may want to introduce ourselves and what we do during the daytime.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Oh, yes. Why don't you start?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I'm Liz Johnson and I'm the Vice-President for Clinical Informatics at Tenet, which, in English, means I'm responsible for rolling out meaningful use, advanced clinical applications across our 50 hospitals. And, depending on where your role is in this sort of arena of new work, our hospitals have foundational systems, but we do not have CPOE and so we are rolling out truly starting with clinical documentation, electronic health records and so on through CPOE at all 50 hospitals in the next four years, so we are very deep into what does this mean and how do you actually translate it into a large academic, as well as a small, rural hospital. I have many other things I do besides that, but that is the primary focus of my daily work.

Judy?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Like Liz, I am in then trenches in terms of implementation. I'm the Vice-President responsible for Hospital Applications at Aurora Healthcare in Milwaukee, Wisconsin. We're a little bit smaller than Liz. We only have 15 hospitals and we have six of those live on CPOE and so those six we are moving ahead with qualifying for meaningful use in year one. We are looking to start our 90-day qualification period probably about December 1st of this year, so we intend to be one of the first people to sign up on January 1st saying we intend to do this and we are going to be one of the first people on April 1st saying that we would like to attest, because it's looking pretty positive. We still have some questions, still have some issues, but things are actually looking pretty good for us. So that is my day job. By the way, we have a bunch of clinics as well, but my job is mostly; well, not just mostly, it is exclusively about the hospitals.

The qualification of our about 1,500 employed physicians is going to happen later next year with some of the obvious challenges that I know many of you are real clear on. So I will be representing that on this committee, even though it's not in my day job.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Great. Now we can get to the brainstorming.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So now going back—

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Judy, this is Doug Fridsma. I just wanted to make known my presence and I'm listening in on the conversation and discussion.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Why don't you introduce yourself just in case. It's hard to imagine we don't know you, but let's be sure.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

This is Doug Fridsma. I'm the Director of the Office of Interoperability and Standards. The reason I like this group is it's all about implementation and that's kind of what I do. The things that I work on are the

standards for EHR certification, the certification program, the Nationwide Health Information Network and the federal health architecture. Those are all sort of the things that we've got within our office.

Judy Murphy – Aurora Healthcare – Vice President of Applications

This was sort of assumed when he introduced himself, but he works in ONC.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Oh, yes—

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

He started on the Standards Committee and then he moved to ONC.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

That's right.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Great. And lurking on our call, Doug, huh?

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

No. I tried to announce myself.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I'm just teasing you. I appreciate that because we've talked about it and you can see on our list there that we are looking for a pretty much standing member from ONC, because we do realize that a lot of what we're going to be talking about will have some direct relationships to the things that they're doing.

Let's move ahead then to where we were a few moments ago, before we went through the introductions and that was to this brainstorming section where it's sort of a free-floating discussion, but around these questions, although you can certainly feel free to comment on anything around which you think this group should or could or you would hope could have some guidance or some input or some feedback or something they should ask for. Again, we're kind of the group that's out there in the trenches now and we're all trying to do our implementations or work with people who are doing implementations and what guidance do we think would be helpful additionally based on what's out there or other kinds of feedback. So it's a real broad sort of brainstorming time.

Judy Sparrow, this is where we were hoping somebody could actually, on this next screen, actually start typing.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes. I think, Mara, you are on to do that?

Allison

Unfortunately, that is not something we can do, but I can put up a screen over it that you can type on it.

Judy Murphy – Aurora Healthcare – Vice President of Applications

That would be great.

Allison

Okay. So I'm going to put up a little—

Judy Sparrow – Office of the National Coordinator – Executive Director

Can you give Mara access to that, please?

Allison

Sure. One second.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

We're just thinking it would be helpful, as if we were in a room together using a whiteboard to kind of see some of the suggestions so we could dovetail onto them.

Allison

What I can do is I can e-mail this to you when finished and you'll have a copy of it.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Right. Yes. What we were hoping is then we could kind of authenticize and set some goals.

Allison

Is that Mara Roberson? Who is it that is getting the—

Judy Sparrow – Office of the National Coordinator – Executive Director

Mara Choi.

Judy Murphy – Aurora Healthcare – Vice President of Applications

In the meantime, let's open up for discussion. Who wants to break the silence and get us started?

Cris Ross – LabHub – CIO

I'll maybe try and go first. One of the things I'm curious about and maybe this is a question for Doug, is whether there will be a place where ONC plans to report on implementation progress. I think about things like the CDC does their reporting on a number of docs who have implemented EMRs and there are other kinds of things like that, but it feels like if our goal is to help guide implementation one of the things that would be useful is to just know where the heck are we and what progress is being made. It feels like that might be something that this workgroup might do would be to help, if ONC doesn't already have a firm plan, advise on what kind of data would be useful to people who are practitioners in the field trying to understand where they stand.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

I think that that is something that this group can help advise us on. We do have some reporting mechanisms and some ways to monitor what's going on out there. Perhaps this group can help make an assessment as to whether there are pieces that we've missed. I can describe at least the pieces that I know about, but I suspect there are more.

We have the regional extension centers, which are meant not to be just a one-way street in terms of providing information out to the community, but also as a mechanism to get feedback from boots on the ground and implementation issues that might be coming up and to feed that back through the regional extension centers and then into what's called the HITRC, which is the Health Information and Technology Research Center or something. I'm not sure exactly what it stands for, but that's supposed to be an aggregator of those data feeds, if you will, from the regional extension centers and provide us some of that situational awareness about the boots on the ground.

We have other things that we are trying to instrument as well, certainly within the Nationwide Health Information Network and the folks that are using the FHA Connect tool and the Nationwide Health Information Network resources. There are some tracking that goes on with a number of participant organizations. We do have the ability with some of the software or some of the specifications that we develop that we can build in some of those monitoring capabilities, although I don't think at this point we have a lot of that sophistication within the Nationwide Health Information Network.

Then we have the Beacon communities, which are also going to be a way of kind of seeing who at the cutting edge is doing some things and what sorts of successes they've had. We've got state level programs and all of those programs, the states, the Beacons, the Regional Extension Centers, all of those are intended to be two-way streets, but we have to make sure that we're monitoring the right things in the right places, I suppose and I suspect that this group can help make sure that we're getting those kinds of monitoring in place.

Cris Ross – LabHub – CIO

That's very helpful, but I would be concerned about two things, one of which is creating additional reporting requirements I think we want to avoid. But on the other hand, this Implementation Workgroup could get excited about trying to help implementation based on anecdote or personal opinion. Maybe that's an area that we would overlook some real burning priority, a place where the community seems to be stuck, right? Where we might be able to help unstuck if we had awareness of where are there sort of leading indicators and where are there sort of laggards. So if there were ways that we could incorporate into our work just a dashboard, if you will, about sort of progress towards implementation using the things that Doug suggested, I would find that incredibly useful personally.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. Cris, as I was getting notes, and I'm sure Judy is as well, what Doug described, I'm also thinking that as a nation a lot of people are really interested and like Judy said, there are rollers going earlier. We're not attesting until December of 2011. People really want to know where are people and are they being successful. I think that's what you're alluding to—

Cris Ross – LabHub – CIO

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I love the concept of the dashboard of progress. Then also, I know they want anticipated results that were sort of forecast related to how this program is going to roll out. That's how they did the monetary evaluation of it and where do we fall against that expectation.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

I think the other thing to think broadly about is that certainly we can try to streamline the reporting and I'm a Standards guy, so you can standardize the way in which we do reporting so that we can aggregate and analyze and things like that, but I think we also might look at other models that ONC is using as well, which include community engagement and WICIS and groups that come together to help solve those problems so that the ONC doesn't necessarily become a bottleneck for that information, but we enable the kind of communication that we'd like to see.

Judy Murphy – Aurora Healthcare – Vice President of Applications

So let me go back and recap this thought: Doug, you reported in the regional extension centers the NHIN, Beacon and state programs probably all have some kind of reporting. I think one of our questions would be, and not necessarily to you, but I think between now and our next meeting, for us to find out what are going to be the reporting requirements and where is that going to be posted. So at the very least we would harmonize the capability of being able to get to those, because I know if I go out there right now on the HIT Web site any way I'm not going to find those kinds of reports. Maybe it's because they didn't have to give any yet. What you find out about is the programs and who got awarded the programs, but not the status of those. So I mean off the top of your head you don't know how those are going to get reported or if they're going to be publicly available or where.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

No, but I know that there have been work in each of those areas to try to figure out what are the important metrics that we think are going to be important to track for success—

Judy Murphy – Aurora Healthcare – Vice President of Applications

Okay.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

And to figure out a way that we can sort of aggregate and provide sort of situational awareness of what's going on. I don't have all of that stuff right at my fingertips, but I know that each of the offices are working in that direction.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. It makes sense, so we'll just kind of take that as one of those things that just really does make sense for the future for those existing programs.

Then the second thing that I heard was this whole idea of the things that are not reported per se because they're not part of an existing program, i.e., not a regional extension center, not a Beacon, but peoples' experiences that if we could use some technology, like our blogs or WICIS to get at that anecdotal experience, but then more importantly, to actually create some kind of a dashboard in terms of how many people; I'm just doing this off the top of my head, but I think we'd have to spend more time on it; have signed up to attest for 2011. How many people are actually attesting? The kinds of things we talked about; that registration Web site being available starting January 1st. Well, how many people are actually registering, that type of thing?

Cris, I'm guessing that gets to the specificity a little bit of where you were going and thinking.

Cris Ross – LabHub – CIO

Any of that would be helpful, as long as we don't interfere with things by creating a reporting burden.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes.

Cris Ross – LabHub – CIO

Or focusing on the wrong things and so we mislead ourselves by looking through a periscope rather than the picture window. I think the goal is just to really understand how is it going. Are we succeeding or failing? Where can and should we take action to assist ONC?

Judy Murphy – Aurora Healthcare – Vice President of Applications

Got it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Good points.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Anybody want to dovetail onto that or start a new thread? Let's start with dovetailing onto that first.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

What I was thinking was it sounded like that the reporting isn't established yet for all of those topics and maybe if we just pass to them what we think would be helpful now would be the time to influence what the reporting becomes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It makes sense.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Good point. I mean if we want to know if the attestation numbers or self certification success or whatever—

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Yes, what percentage are passing, how many have already passed—

Judy Murphy – Aurora Healthcare – Vice President of Applications

Right.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Maybe even a list of who has passed. How are the state HIEs doing? I don't know. Is it by case study or—

Lisa McDermott – Cerner Corp. – Sr. Architect

Is there something central that we could do even just leveraging some basic survey technologies just to get pulse checks out there too, even key areas?

Judy Murphy – Aurora Healthcare – Vice President of Applications

You were suggesting, I believe, Lisa, doing a survey of the masses, like just asking people—

Lisa McDermott – Cerner Corp. – Sr. Architect

Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Okay.

Lisa McDermott – Cerner Corp. – Sr. Architect

I think we could probably guide some basic ones just to get a feeling of what are the intentions of their plans or where are they struggling. I think ... is doing a good job as it relates to pulling in information from them, but maybe there's something a little more structured that we could utilize, some basic industry tools to utilize—

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. We might be able to also dovetail onto, for example, the CHARM Survey or some of those things. So again, we take it down—

Lisa McDermott – Cerner Corp. – Sr. Architect

Yes.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Where people have already reported, but we make that information even more public.

Lisa McDermott – Cerner Corp. – Sr. Architect

Yes.

Kevin Hutchinson – Prematics, Inc. – CEO

I'm not sure this is dovetailing or starting a new thread, but this conversation appears to be a lot of the tracking progress and to some degree I think that that will help make sense of it all as we report up into the Standards Committee the progress that's been made.

I also think that there is a role that this workgroup could play in making sense of it all for the community, what the expectations are for the implementation, whether that's giving guidance or whether that's actually putting together FAQs. You could make sense of it all for those that have to implement it out into the community whether it's regional extension centers or health IT vendors or others that know what steps we currently know and what steps we think are in flux that are still being decided upon. There is so much happening, both at the Policy Committee level and the Standards Committee level that sometimes we don't know what's already been decided upon and in stone and give guidance in that area and things that are still being debated and discussed and request their open involvement.

Along those same lines, I think making sense of it all for the external community in addition to the FACAs, I think being a sanity test for some things that are coming out of the Standards Committee, as well as the Policy Committee; one of the reasons I was excited to get involved in this group is because I really do see this group as being a bridge between the policy and the standards and being a kind of Implementation Workgroup that says, "All right. Does this make sense from an implementation standpoint in how we're approaching this?" That would really require having a lot of interaction with the community. I could envision having several on a regular basis community panels that would come to this Workgroup to give us their feedback on what's tracking out of the Standards Committee and the Policy Committee and either

positive things where they see that there are some synergies happening or concern that they may have that it's not as clearly defined as they should be to be able to be implemented.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Great comment, Kevin. I really do like that, so not just the tracking and the sort of oversight on where we're at from a global standpoint, but really getting down into this. Do we have the right guidance? Does everybody know what they're supposed to do? If they don't, where are those holes or areas of concern I think is what you called it? Yes.

Kevin Hutchinson – Prematics, Inc. – CEO

Yes. Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. What I wrote down was does it make sense? Is it doable and areas of concern. I love the concept of sanity check. It's a very good concept.

Ken Tarkoff – RelayHealth – VP & General Manager

Kevin, I completely agree with you. I've been waiting for someone to raise that issue, because I actually think the way I've been thinking about this workgroup as well too is I think one of the hardest things right now for providers in the marketplace is trying to get clarity on what they actually need to do and what they need to accomplish, not only from what was communicated out to them around standards, but also the other factors that are hitting them at the same time and the confusion that's being created from that. So as much as we can uncover where that confusion is in that marketplace, where it's coming from and the methods that we can to get clarity I think would provide a lot of value.

The first question that came to my mind as I've been thinking about this is if you're a typical community provider, not a very large health system, but let's say a smaller health system or even an independent provider or small practice. If you asked them where would they go to get the answer to some basic questions I don't know if we would have a consistent answer around the country about where people could go to get the right answer or an answer that they have confidence in, because for a variety of the different vendors in the marketplace and other players who are providing information I'm not sure that it's all consistent and I'm not sure that it's aligned to what we want to have as the communication going out from the standards. I think there's an opportunity for us to provide a vehicle for that guidance, particularly down from the largest health systems that have the most access.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

Wouldn't that be the role of the Regional Extension Centers? Although I'm not sure they would all be ready and when.

Ken Tarkoff – RelayHealth – VP & General Manager

Well, that's an interesting comment. That's not my expectation and that's not most of the organizations that we deal with, I don't think that would be their expectation; that the RECs are going to provide that level of information as the primary source. I certainly think they'll do it in certain areas. Maybe I've got it wrong, but I was not assuming that they were the source of truth and helping providers, both health systems and individual providers; be able to navigate through the complexity that they're facing right now, not just for meaningful use, but with the other criteria and other initiatives that are being placed on top of them at the same time.

Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect

I really think it's the Regional Extension Centers. Doug, do you have any comment?

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Yes. I think that they can serve an important role here. I think one of the things that I'm thinking is that this particular group doesn't necessarily have to operationalize the reporting, if you will, but if there's a recognition that there are important things that need to be reported on and categories that may be missed in terms of getting feedback, this group can provide some guidance. I think about if you take a look at the

ecosystem that we've got with the Beacons and the like and I can even add on the certification program, which also will be tracking things like the EHRs that have been certified, the number of modules that have been certified and that sort of thing, do we need to engage consumers, for example? Do we have the right mechanisms in place to do that? I think that may be something that this group can help us with is to see what are the tools that we've got? How can we leverage them effectively so that we're not creating new surveys and new reports and new information, leveraging our existing resources and using those to the best advantage.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

I think one thing I've been thinking about is what's going to drive our agenda and how do we want to think about that. We could come up with an agenda on our own based on our collective understanding of what the issues are and say, –All right. Here is the agenda and then we're going to drill down into each of those in whatever way we decide is the best way to drill down or we could be looking at sort of the policies and programs that have already been sort of passed and are being implemented and start to think of ourselves being a reactor group, in effect, to some of those, the REC Program for example or the HIE Program or the Beacon Program, whatever it is and have ourselves, in effect, be sort of the reactors to that if we think that there are issues in those and take those on one-by-one or finally, we could be sort of the ear to the ground, who are trying to figure out what's going on on the ground and then trying to sort of synthesize those issues and then respond to those. I'm just wondering what everyone's sense is of what role we're going to play here, because I'm hearing you sort of 360 degrees of that in the comments.

Joseph Heyman – AMA – Board Chairman

I want to second some of that stuff that Micky just said, because one of my biggest concerns and I'm seeing it within my community is that it looks to me like the larger practices are moving in and are not frightened by all of this, but the smallest, the very smallest, the onesies and twosies I don't think, even if there is a Regional Extension Center across the street, that they're ready to opt in to all of this stuff because they're frightened about it.

I think it's important early on if that is what's developing, where the people who are signing up are by and large, in larger practices and the smaller practices aren't signing up, you don't want to wait until you're six or eight months into this process before you discover that. It seems to me you'd like to know that as early as possible and try to do something about it.

Cris Ross – LabHub – CIO

Building on that, there's an issue that I've wanted to raise that I think falls in this category of sort of helping put the pieces together for practices that are out there and I'm really sympathetic to Joe's comment about small practices. So, as an example, the final rule contains all of the information about meaningful use. Most of the work around the Nationwide Health Information Network came up sort of through a separate channel and doesn't appear in the final rule per se. So I think it's quite practical for a practice to say, –I want to implement meaningful use and receive my funding for that. I also want to be part of, let's say, NHIN Direct.” I think those things are congruent and the NHIN Direct group worked hard to make sure that that was the case, but there isn't a playbook around that, around how do I pick up the NHIN Direct directions and the meaningful use directions and put them together so I can use them in my practice?

So I would suggest that if we were to identify some things that we know about, I think we should get back to Micky's question, but I would say that we know some things right now where this Workgroup could be helpful, because we know that there are people scratching their heads, trying to figure out how to put things together, so under the category of putting the pieces together I would suggest that bridging meaningful use and Nationwide Health Information Network guidance for practice would be something helpful we could do and there may be some other hot spots. Then I think we should ask Micky's question around how do we find all of the other hot spots or any other hot spots that need attention.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

As I listen to all of you talking one of the things I heard very clearly and I'm sure Judy did as well, is that you're really talking about scalable and usable for all participants and then I think Micky is saying who are those participants. Who needs our help?

Obviously, we've all recognized through the hearings and dealing in our own communities that the small players are the ones who definitely are struggling with the greatest concerns. What we're hearing from my perspective out in our rural area is people choosing to opt out, that they're not going to participate, which doesn't accomplish the overall goal. I think that's what we're all talking about and that's kind of the ear to the ground, Micky, that you were talking about. I'm sure there are many other things, like Cris said, that if we had our ear to the ground there would be other needs that we would identify.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. Yes. I mean I was suggesting there are different ways that we can think about how what our work is going to be and how the agenda gets generated. If we do decide that ear to the ground is really what we want to think about as sort of the mode of generating the agenda then we do need to think about how do we actually have the ear to the ground, right? How do I identify the hot spots? This is not an easy thing to figure out. You could have hearings. You could tap into what the HITRC is doing or the RECs or whatever it is that we would need to have sort of a more proactive strategy around that and one of the challenges that we face in all of the workgroups is that all of us are volunteers and so we would need some amount of staff support to be able to do whatever environmental or sort of pulse checking that we need to understand what's going out there and where the hot spots are.

Judy Murphy – Aurora Healthcare – Vice President of Applications

I actually liked both; you said, I think, three things, but I liked your second and your third one. The ear to the ground, definitely, because I think if not us who. I think we'd be a good group to be able to generate that kind of stuff, whether it's hearings or blogs or our own experiences, etc.

But I also like that policy and programs feedback that you talked about, kind of a reactor group to that. Again, I think it's going to be important to find out what is going to be the existing reporting for all of the programs that are going to be already happening and once we find that out then we just jury-rig ourselves into that process because, as Cris said earlier, we don't want to create anything new. I mean we just, in my mind, want to harmonize what's already out there and/or make it easy to access.

One of the things that I'm sure we're all aware of is it's link city out there. I mean you go to one Web site and you get linked to another one and you get linked to another one and then you open up a 400-page document. You're like, "Oh, my God." That's what people are struggling with I think sometimes is understanding how these things fit together. That goes back, of course, to Cris' other comment about his example of meaningful use and NHIN Direct, a way of explaining how those two relate to each other.

Cris Ross – LabHub – CIO

If it was interesting to other folks I would suggest that that would be an example of a place we could start. We've spent a lot of energy on it. I think both have great momentum. I think if we could help bring those two streams even closer together as a way of interpreting it for implementation I think we would be doing some good.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

That was NHIN Direct is what you're suggesting?

Cris Ross – LabHub – CIO

Yes, Micky. NHIN Direct and the Nationwide Health Information Network more broadly if people, like Doug, felt that was appropriate, but I'm specifically thinking about NHIN Direct and meaningful use, trying to sort of put that together and make sense of it for especially the small practice.

Micky Tripathi – Massachusetts eHealth Collaborative – President & CEO

Right. I totally agree. I think that's one area that not enough attention is being given to and there are lots of the other things we've been talking about you've got RECs and HITRC and a whole bunch of other organizations, who are focusing on that, so we can piggyback on those, but this might be an area that there really is a gap and we could play a very useful role.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That kind of brings up—

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

You just need to be careful that you don't scare the crap out of these small practices, another thing that they have to worry about that is just put on top of having to meaningful users.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Rather than explaining things. In other words, we could create anxiety. Yes.

Doug Fridsma – ONC – Acting Director, Office of Standards & Interoperability

Exactly.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. I do have to say though I think about this a lot myself in that whenever I hear Doug talk and the model maturing and again, hopefully the small practices are hearing the level of detail that I'm hearing, but as that's happening I always think about how does this fit with meaningful use. Of course, I do know the answer to that actually, but I wonder if everybody does and I think that's Cris' point. How do those work together?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes.

John Derr – Golden Living LLC – Chief Technology Strategic Officer

As you know, we're working real hard in LT/LTACH on rehospitalization and not to add more areas that we might be considering in implementation, but as I've told Aneesh before, we talked a lot on transmission of information, but not receiving information. A lot of people go to either a nursing home or home care and even some of the quality measurements say you have to have a CCD or something for the transmission of a patient.

Also, we don't want to rehospitalize people, but we have to rehospitalize so the hospitals have to be able to receive information and again, not to add more work, because we're not in meaningful use right now, but it's still a factor. Maybe this group could be the group that at least maybe looks at rehospitalization and not anything else at the present time, but looks at that receiving information from nursing homes and home care and transmission to them for rehabilitation.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Good point. Well, we're reaching the top of the hour, so we got going quick here, which is great. I do want to give an opportunity to talk to those folks who haven't gotten a chance yet before we open it up for public comment. Let's see, Rob, maybe or Lisa Carnahan or Carol Diamond, any additional thoughts you guys have?

Lisa Carnahan – National Institute of Standards Technology – Chair

I'm enjoying the discussion and thrilled that the notion of being able to gain the perspective of people out in the real world trying to implement this from the full spectrum of small organizations to large ones and one of the thoughts in how the sort of niche aspect I think is a subset of what you've all been talking about is understanding the intersection of the use of the equipment, if I can call it the equipment, the certified products, from the expectations of the certified products, what they will get being certified. So I think that maybe is a specific kind of topic thread in the context of what you've all been talking about.

One of the other thoughts I had, and this is more asking for help in making use of this group, is that we're getting lots and lots of questions about the test method and some of them are actually specific to the test method. Many of them are questions that aren't appropriate for NIST to answer, because they're really either the use of the technology or the broader, beyond the scope of the criteria, so it's not even necessarily an ONC answer. So I'm wondering if this group could be sort of a home for those kinds of discussions; that they're not in the regulatory realm type of discussion, but the real-world, practical application, here's what it means, here's what we do, lesson learned type of discussions.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. I think that would be fabulous.

Judy Murphy – Aurora Healthcare – Vice President of Applications

It really would. It may be that ear to the ground that we're looking for.

Lisa Carnahan – National Institute of Standards Technology – Chair

It is. I think so. Certainly, from NIST's perspective we need that, because we just don't have it, but I think it will also get some energy behind getting some of the questions answered that need answered by someone. It's not a regulatory question. It's not a technical question. It's more of an out there in the real world use question.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Rob or Carol, any additional comments?

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes. I'll play a little thing with this conversation. I'm really puzzling on how to have that ear on the ground be done in an appropriate and comprehensive way. I'm worried about some of the same issues that Cris raised earlier about just hearing from one or two folks and then sort of missing the forest for the trees or whatever. I would really love for us to think a little bit about how to use technology, modern technology, like social networking and other things, to establish a way to have an ear on the ground, but to also, listening to this conversation, not assume that we or ONC or government is the source of the answer to the questions or the challenges that people have. I think there is great value in connecting people to each other to do some of this problem solving as well.

I don't know that I've formulated exactly what the right answer is or what the solution is, but one of the great opportunities of technology is that it is capable of overcoming the silos that we all find ourselves in and I would just love to see us find a way to leverage it to really more rapidly and in real-time and sort of last century, face-to-face meetings, be able to get quicker and better and more comprehensive input into this rapidly evolving set of policies.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. That's a really, really good point and I think brings us back to the challenge is somewhat you start to think you've got the answer and it's like, "No," which brings back this idea of the blogs and the WICIS, as well as the survey that Lisa McDermott brought up earlier.

Carol Diamond – Markle Foundation – Managing Director Healthcare Program

Yes, but I'm even suggesting beyond governments, blogs and WICIS, whether there's a way to use existing social networking infrastructures to connect people, both to be able to answer the kinds of questions that we may have, but also to connect them to each other. I don't know if it's the purview, whose purview it is, but it seems to me that there's a real potential here to have a more dynamic and vibrant set of inputs to policy making along the lines of what government is trying to do on a larger scale with some of its initiatives. I just wonder if we could figure out a way either to tap into existing networks or harness one in some way related to meaningful use.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Good point.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Yes. Very good point.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

We have lots of terrific ideas. I mean I've been taking copious notes. We just need to synthesize this and kind of come back together.

Judy Murphy – Aurora Healthcare – Vice President of Applications

And also maybe work a bit to understand what's already planned in some of these spaces and sort of report on that by bumping up against some of the priorities that we've set here.

We had thought that we would actually look at the list and spend a moment saying if we were going to focus on one thing what do you all think would be the most important thing to focus on. Let's just see; I'm not feeling like we've got so many ideas that we can't at least get some things down and then at the next meeting really start to talk about the actions that we think we want to take.

Does anybody have any other thing they want to throw out there in terms of next steps that is different than that?

Ken Tarkoff – RelayHealth – VP & General Manager

I was just going to suggest one thing and maybe it's going to be hard for us to do, but I'd love for us to have some metrics or something that we have a way of measuring what we're trying to accomplish so we have a way of looking at it with some data. I think a lot of the dialogue that's going around everybody may have a slightly different interpretation of how we want to accomplish things and it would be great to know if we had some specific metrics we could look at to see how certain things are getting rolled out and if what's being put in place is working.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Got it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Metrics for us ... okay.

Judy Murphy – Aurora Healthcare – Vice President of Applications

And if we're being helpful.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes. How helpful we're going to be. Okay. Good concept.

Judy Murphy – Aurora Healthcare – Vice President of Applications

We should probably open for public comments.

Judy Sparrow – Office of the National Coordinator – Executive Director

Operator, can you open the line and if there is anybody on the public, who would like to make a comment, please introduce yourself, your name and your organization. You have a three-minute time limit.

Operator

We do not have any public comments.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you, Operator. Judy?

Judy Murphy – Aurora Healthcare – Vice President of Applications

So with that I think we will adjourn for today. I believe the next step will be that Liz and I, Judy Sparrow and hopefully with some help from Doug, will put together all of the comments from this meeting, as well as gain some additional information and knowledge about what reporting or dashboards or any kind of

status updates, if you will, are going to be already being done on some of the programs. Be prepared at the next meeting then to really talk about, —~~Ok~~ay, this is our background information. What are going to be our really next steps?”

I think we probably want to think about not just the next steps, but when we want to do these things. In my mind I’m already thinking what one or two or three things can we do by the end of the year and then what things do we want to kind of put in place for Q1 of next year and maybe breaking it into chunks that way.

Any closing comments from anybody who didn’t get a chance to say anything since we’ve got a moment or two? All right. Thank you and welcome, again, to the new members. We’re looking forward to your participation.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Thank you, everybody. Talk to you soon. Good-bye.

Judy Murphy – Aurora Healthcare – Vice President of Applications

Good-bye.